

COPY OF PAPER
ORIGINALLY FILED

1C971 U.S.PTO
10/038459
01/04/02

JAN 07 2002

To: Assistant Commissioner for Patents
Washington, D.C., 20231, USA

1000 U.S. PRO

Subject: Statement of true copy for the divisional patent application entitled
“A Universal Millimeter-Wave Housing with Flexible End Launchers”

Date:
October 10, 2001

Inventors:
Yi-Chi Shih, Long Q. Bui and Tsuneo C. Shishido

Mailing Address:
Dr. Yi-Chi Shih, 2220 Thorley Place,
Palos Verdes Estates, CA 90274, USA.

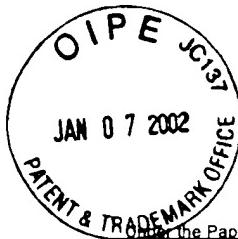
Tel. (310)802-6130
Fax (310)793-0132

Dear sirs:

Attached herewith is a patent application entitled "**A Universal Millimeter-Wave Housing with Flexible End Launchers**" which is a divisional of application serial number 09/433,318, filed on 11/03/99 and allowed on 09/20/01. We wish to state that the application papers submitted in this application are a true copy of the prior application. Please kindly note that claims 11 to 17 (inclusive) have been allowed in 09/433,318 application, and are not included in the present application papers.

Yours truly,

A copy containing all 17 original claims is attached with this application.



**COPY OF PAPERS
ORIGINALLY FILED**

PTO/SB/17 (10-01)

Approved for use through 10/31/2002 OMB 0651-0032
U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$) 370
--------------------------------	-----------

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Yi-Chi SHIH
Examiner Name	
Group Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. **Payment Enclosed:**

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code (\$)	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	
116	400	216	200 Extension for reply within second month	
117	920	217	460 Extension for reply within third month	
118	1,440	218	720 Extension for reply within fourth month	
128	1,960	228	980 Extension for reply within fifth month	
119	320	219	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive - unavoidable	
141	1,280	241	640 Petition to revive - unintentional	
142	1,280	242	640 Utility issue fee (or reissue)	
143	460	243	230 Design issue fee	
144	620	244	310 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	126	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	
Other fee (specify) _____				

SUBTOTAL (1) (\$) 370

2. EXTRA CLAIM FEES

Total Claims	10	Extra Claims		Fee from below		Fee Paid
Independent Claims	1	- 20** =	0	X	=	0
Multiple Dependent		- 3** =	0	X	=	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	84	202 42 Independent claims in excess of 3
104	280	204 140 Multiple dependent claim, if not paid
109	84	209 42 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

*or number previously paid, if greater. For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

SUBMITTED BY	Complete (if applicable)		
Name (First/Last/Type)	Dr. Yi-Chi Shih	Registration No (Attorney/Agent)	Telephone (310)802-6130
Signature			Date 10/10/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.